

BRANCHING OUT

Creating Connections to End Sexual Violence

Fall 2011

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Applying Trauma Informed Care to Any Setting

By Terri DeWalt



Hello Everyone!

As the weather begins to turn and students are headed back to school, we at SAS are gearing up for another year of services and events to support survivors of sexual violence in our community.

This is our twelfth year of providing services to the Racine community, and although many things within SAS have changed, one thing that has remained the same is our continual focus and desire to provide the most comprehensive and compassionate services possible to the members of our community who have experienced sexual violence.

During the past few years we have noticed a welcomed change in the wider human service community, that of focusing on "Trauma-Informed Care" (TIC). If you work in a field of providing services to people and have not already heard of TIC, I am sure that it is a term that you will come across at some point. Trauma Informed Care is simply a method of understanding clients' experiences through a lens of how trauma may have affected their life. TIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

What are Trauma-Specific Interventions?

Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.

Trauma Informed programs:

- Generally incorporate knowledge about trauma – prevalence, impact, and recovery – in all aspects of service delivery
- Understand the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
- Recognize the need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.

Understanding Service Relationships

Traditional Service Relationships:

- There is a hierarchical professional/client relationship where the professional has most/all of the power, and the client has little/ none of the power
- The client is seen as passive recipient of services
- The client's feelings of safety and trust are taken for granted

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Rompiendo la Barrera

Breaking the Barrier

By Cassandra De La Rosa

Racine County is a community rich in diversity and culture. As the Bilingual Outreach Advocate for Sexual Assault Services, I am fortunate to work both with the Spanish speaking community, and the Hispanic community as a whole. Outreach to this segment of the community has become even more important, as the Hispanic population in Racine County has been consistently growing throughout the last ten years.

According to the 2010 United States Census, the Hispanic population is the largest growing population in Racine County. In 2000, the Hispanic population contributed to 7.9% (14,990) of the total population in Racine County. In 2010, the Hispanic population contribution grew to 11.5% (22,546) of the total population. This is a 50.4% increase for the county as a whole and a 42.8% increase specific to the City of Racine.

This is a significant increase to occur in a decade, and it amplifies the need for specialized services for Hispanic sexual assault survivors. If the Hispanic community is underserved, or not equally served, there are many negative affects to the community as a whole. There are ripple effects for a community when sexual assault survivors are not supported, or do not receive the appropriate services, as it contributes to the continuation of sexual violence. If one part of our community is suffering, then the community at large will suffer as well.

Survivors of sexual violence in general face many barriers and factors that contribute to revictimization and a lack of seeking services. Spanish speaking and Hispanic survivors face additional barriers to seeking services. At Sexual Assault Services (SAS) many of the Spanish-speaking survivors and/or their families/support people with whom we have worked have expressed some of these barriers to us. One of these is lack of social support. Some of the mothers of children who have been sexually abused feel secluded when dealing with sexual violence in their families. In addition, financial difficulties play a role in seeking services. Many of the families have one income as their main source of financial support and struggle to make do with what they have, which can make it difficult to access services, and adds to the stress of navigating the various systems following a sexual assault. Personal background and culture also affect the families' understanding of sexual violence and all the shame and misperceptions that surround it. Additionally, many individuals and families are unaware that help and services for sexual assault survivors exist, and foreign-born Hispanics are often unfamiliar with the systems here in the United States, which creates fear. Finally, there is often the belief or attitude in the Hispanic culture of "what happens in the family stays in the family" or "only the family needs to know."

Undocumented survivors face additional fears. These fears stop many from seeking services. Those that are able to overcome the fear and

access services are constantly living with thoughts of "will I be deported?" and "if I am deported, what will happen to my children and family?" Undocumented survivors who seek help are putting immense trust in the system. They are trusting law enforcement, nurses, human services, and advocates with their lives and their futures. It is difficult to truly understand the level of trust and the amount of fear that these survivors have to overcome, and it is imperative that we remain sensitive to their fears, and acknowledge the steps they have taken to break the silence surrounding sexual assault.

As the SAS Bilingual Outreach Advocate I work to make services known and available to all Spanish speakers in Racine County. Everyday I try to find new ways to do outreach and connect with the community. If anyone has any suggestions or ideas on outreach or how to continue to reach those who are in need of our services, please contact me. I thank you. Cassandra De La Rosa: 262.619.1634 or email: cassandra.delarosa@lsswis.org.

—Cassie

Save the Date

A Multidisciplinary Sexual Assault Training for Racine County Professionals

March 7th and 8th 2012

at

CATI: 2320 Renaissance Blvd, Sturtevant

Law Enforcement * DA's Office
Victim/Witness * Healthcare Personnel
Advocates * Social Workers



This training is designed to demonstrate the benefits of utilizing a collaborative victim-centered and offender-focused criminal justice system response to sexual assault. The training will demonstrate that strong collaboration between community professionals and support for victims throughout the process of investigation can build stronger cases.

Brought to you by the
Racine County Sexual Assault Response Team

For more information, contact Katy Adler
at 262-619-1634 or kadler28@lsswis.org



Legislative Update

By Vicki Biehn

The 2011-2013 Wisconsin State Budget that was passed this past summer contained significant funding cuts to programs that serve sexual assault survivors. There are 42 Sexual Assault Service Providers (SASP's) in the state of Wisconsin. These agencies provide direct services to sexual assault survivors and their families. The services that SASP's provide include 24-hour crisis lines, medical advocacy, legal advocacy, support groups, counseling services, community presentations and education. The single state program, which funds SASP's, is Sexual Assault Victim Services (SAVS). The SAVS grant money is funded through a surcharge on perpetrators.

In 2010, \$2,069,500 was awarded to 43 SASP's in Wisconsin. For the next two years, 2011-12 and 2012-13 the SAVS grant program has \$1,782,000 to grant to 43 SASP's, which is approximately a 13% cut in funding. This sizeable cut comes at a time when SASP's, including Sexual Assault Services of LSS (SAS) have and continue to have an increased demand for services.

In a 2010 survey, Wisconsin Coalition Against Sexual Assault (WCASA) found that SASP's reported an average caseload increase of 35% between 2005 and 2009 and that some SASP's had a 100% increase in their caseload during the same timeframe. On top of the fact that SASP's are unable to meet the current demand for services, there are some populations that are greatly underserved (African American, LGBT, Hispanic). At SAS here in Racine, we have seen an increase in demand for all of our services but particularly our counseling services. At the time of printing this article, SAS has 21 people on our counseling waiting list. This is concerning because we know that one of the most important elements in reducing the trauma from sexual assault is to receive appropriate care in a timely fashion.

Due to this increased demand for services and the limited funding resources for SASP's, WCASA has made funding of sexual assault services its number one legislative priority for the 2011-12 legislative year.

WCASA's legislative agenda also includes improving the criminal justice system by enhancing crime victim rights. Wisconsin has a long history of, and reputation for, protecting crime victim rights. In 1993, Wisconsin passed the Crime Victim Rights amendment to the state constitution and expanded these rights in 1997. WCASA plans to support legislation that would give victims the right to be accompanied by an advocate during the criminal justice process if the victim requests an advocate's presence. This would mean that a victim could be accompanied by an advocate during the sexual assault forensic exam, law enforcement interviews, and at any court hearings. It is believed that this vital support to victims during this critical time helps victims restore some of the control that was lost during the sexual assault. WCASA believes that if victims have this support, they will

feel more empowered and are more likely to report and proceed through the system. This support increases the chance that victims will be able and willing to cooperate with the system and therefore hold offenders accountable.

WCASA is also working on enhancing prosecutions of sexual assault by increasing funding for prosecutors. According to a 2008 state audit, Wisconsin had 117 fewer prosecutors to handle the existing caseload and that the number of prosecutors had decreased by 4.4% while the prosecutors' caseload had increased by 11%. WCASA is working to increase funding and staffing to adequate levels so cases can be effectively prosecuted.

Another initiative that WCASA is planning to work on is to allow video testimony for victims with disabilities during court hearings. Currently, the State of Wisconsin allows prosecutors of child victims of sexual assault to use a video taped interview for some court hearings. WCASA is supportive of legislation that would expand this provision to include victims with disabilities. Persons with a disability are targeted as victims of sexual assault at extremely high rates, and this would assist in the prosecution of offenders who target this vulnerable population and therefore hold these offenders accountable.

There are three other initiatives that WCASA will be addressing with our legislators during the upcoming year. Two of the issues would improve victim access to civil actions to hold offenders accountable. The other would address ways to increase prevention efforts in our schools. I will update you on these initiatives in the next edition of the Legislative Corner.

If you wish to learn more about WCASA's legislative agenda please go their website at www.wcasa.org and then look under the Policy and Law section. If you want to be added to the action alert email list, please contact Vicki Biehn at vbiehn@lsswis.org or 262-619-1634. I encourage everyone to get involved in the legislative process. It can feel very empowering!

—vicki



SAS Wish List

- Volunteer Advocates!
- Gift cards/certificates from Target, Office Depot, grocery stores or other discount stores
- Courage to Heal book series
- New clothes for victims at the hospital (t-shirts, sweat pants, underwear, etc.)
- Gift bags filled with body lotions & shower gels to be given to victims at the hospital
- Candy for counseling clients
- Bottled water or a water cooler to be used for counseling clients and during volunteer trainings



Helping Hands

By Katy Adler

As we have said before, Sexual Assault Services truly could not be the program it is without our volunteers. They partner with us in supporting survivors, sharing their gift of compassion.

Because of the importance that volunteers have to SAS, we occasionally like to introduce them to you, through their own words. Nancy Savage (see picture on page 5) is a member of the Burlington Volunteer Advocate team. She responds to Aurora Burlington Memorial Hospital when a sexual assault survivor comes to the emergency room. Nancy has been a volunteer for SAS since February 2010, and has responded to the hospital three times.

Nancy is retired, and previously worked in housekeeping and for Easter Seals. She heard about the Sexual Assault Services volunteer opportunity through the former Chief of Police in Burlington. Once she heard about the opportunity, she was interested, and contacted SAS to become an Advocate. I asked Nancy a few questions about her experience as an Advocate:

What do you think makes a person a good SAS Advocate?

They want to help the community, help people who need it, give support, and be there for someone in need.

What is the most rewarding part of being a SAS Advocate?

When someone says "Thank you for being here." Knowing I was there for them, that they needed someone to be there for them.

What is the most challenging thing about being a SAS Advocate?

I like to be around people, and I like to help people if I can. Nothing has been very challenging for me yet.

Do you volunteer with any other community groups or agencies?

I don't volunteer anywhere else, but I belong to the Lioness Club and Eastern Star (part of the Masons.) I attend meetings regularly, and we help out in the community when needed.

What are some of your other interests and hobbies?

I like to read, and I like bingo. I also enjoy spending time with Fluffy, our toy Eskimo puppy. He's all white with dark blue eyes. He is about 10 or 11 weeks old.

Would you like to share anything about your family in general or how you being a SAS Advocate has affected your family?

My family lives in Pennsylvania. I have a granddaughter who is autistic, and I feel bad that I can't go and be there to help her. It's hard being away from my family. We went on a vacation this summer to visit them.

My husband likes that I'm an Advocate, and that I'm involved in the community.

—Katy

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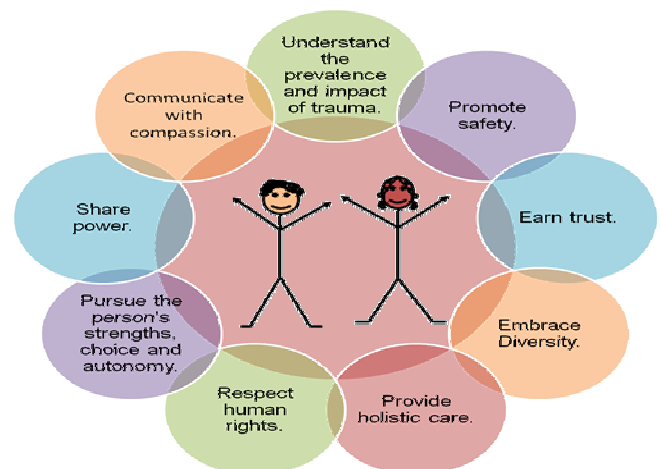
Trauma-Informed Service Relationships:

- A collaborative relationship between the client and the professional of her / his choice
- Both the client and the professional are assumed to have valid and valuable knowledge bases
- The client is an active planner and participant of services
- The client's safety must be guaranteed and trust must be developed over time

General Tips to Providing Trauma Informed Services:

- Think about the possibility of trauma as an underlying problem – this may help to diminish frustration about presenting behaviors
- Understand that a history of physical/ sexual violations may create hypersensitivity- involve the client and help her/him to feel in control
- Recognize that the issue of trust and betrayed trust will be a major, ongoing issue
- If you cannot understand why someone does or doesn't do something that seems to be common sense, be curious about why that may be; consider the impact trauma may have on the behavior.

Guiding Values of Trauma-Informed Care-



The incorporation of trauma-informed principles can occur in all settings- from schools to the court system and law enforcement departments- and can occur to varying degrees. The underlying hope is that we, as service providers, take into consideration the impact trauma has on the lives and behaviors of the people we serve and that we use that knowledge to provide the most sensitive services possible.

For more information about Trauma-Informed Care, visit:

Wisconsin Department of Health Services:

http://www.dhs.wisconsin.gov/mh_bcmh/tic/index.htm

National Center for Trauma Informed Care:

<http://www.samhsa.gov/nctic/>

National Child Traumatic Stress Network:

<http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>

TIC information adapted from online and training resources from Elizabeth Hudson, Consultant to the WI Department of Health Services and the National Center for Trauma Informed Care.

—Terri



Family Advocate

By Samantha Sustachek

The Racine County Child Advocacy Center (CAC) has, from its inception, committed to providing a Family Support Advocate as a part of the services received by each family that comes in for an appointment. Oftentimes, the families meet with the Advocate in person at the time of the appointment, and if that arrangement is not possible, they receive follow up contact from the Advocate. So why the emphasis on advocacy? The advocate cannot interview the child or arrest the offender. Why is advocacy important, and how can it help improve the lives of children who have experienced abuse?

The National Children's Alliance (NCA) (www.nationalchildrensalliance.org) lists "Victim Support and Advocacy" as a requirement for CAC accreditation through that organization (something the Racine County CAC is working towards). Advocacy is listed alongside other accreditation basics like providing forensic interviews and medical evaluations. According to the NCA, the rationale for providing victim advocacy is that the service can help reduce the trauma experienced by the child and family, as well as improve case outcomes. Families who receive advocacy are more likely to feel comfortable participating in the investigation, and will therefore be more cooperative with the investigation and prosecution of the case. They are also more likely to access treatment and support services for the child victim as well as the rest of the family.

The Family Support Advocate does not work with children directly but rather indirectly provides them support by working with their parents or other caregivers while they are participating in a forensic interview or a medical exam. When parents have people they can turn to, they are better able to support their children, and according to a handbook given to parents at the time of CAC appointments, the level of support from parents and other caregivers is the single most important factor affecting a child's recovery from abuse. The Family Support Advocate is able to spend one-on-one time with caregivers, explain procedures, and offer referrals to services and resources as well as provide emotional support. The Advocate can also be an on-going contact person for caregivers, offering anything from a simple follow up call to being a resource for future questions to helping the caregiver navigate through the many systems they may encounter during the course of an investigation.

The Child Welfare Information Gateway (www.childwelfare.gov) lists five "Protective Factors" (discussed in a previous Branching Out) that, when present, increase the health and well-being of children and families. These "Protective Factors" help caregivers to parent effectively, even in times of stress. Their presence is also linked to a lower incidence of abuse and neglect. One of these factors is "concrete supports for parents." These concrete supports are things like food, clothing and housing, as well as access to services like childcare,

health care, and mental health services. Many caregivers do not know how to access these services in the community. The Family Support Advocate can help by providing referrals to appropriate community agencies that provide these services. Without this assistance, families might never receive information about programs that could be of benefit to them.

When families served by a Sexual Assault Services (SAS) Family Support Advocate are evaluated following an appointment, they almost universally agree that they were satisfied with the services they received and that the services were helpful. Caregivers have made comments like, "She was a listening ear to tell the things we are going through. She has a great personality and made us all feel very comfortable." and "Having someone there who understands what has happened to me was helpful. It was also nice to feel like I wasn't just another case to her." So when caregivers feel supported and comfortable participating in a child abuse investigation, and child victims receive the help that they need to heal, everyone benefits. SAS is proud and grateful to be a part of that process.

—Sam



"Helping Hands" Volunteer Advocate: Nancy Savage

SAS Program Statistics January—June 2011

Crisis Line Calls.....	120
Racine Hospital Visits.....	34
Burlington Hospital Visits.....	6
Legal Advocacy Sessions.....	16
New Counseling Clients.....	57
Counseling Sessions.....	373
Community Presentations.....	41
CAC Appointments.....	102



Sexual Assault Services
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Contact Us!

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1220 Mound Ave. Suite 304
Racine, WI 53404
262-619-1634

SAS Burlington Office
480 S. Pine St.
Burlington, WI 53105
262-763-6226 Ext. 109

24 Hour Crisis Line: 262-637-SAFE (7233)

Stay Connected!



Join our News and Events email update list! Would you like to receive information on upcoming SAS events and volunteer opportunities? Email Samantha Sustachek at ssustachek@lsswis.org with "SAS news and events" in the subject line and she will include you in all SAS news and events related emails.

Sexual Assault Services seeks to create a safe and compassionate environment to help promote the healing of sexual assault survivors and their support people.